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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Evelyn | |
| | | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | Gonzalez | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8403 | |
| | | | |

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Debtor 1 **Evelyn Gonzalez**

Document

Case number (if known)

| | | About Debtor 1: | Α | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|----|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | В | I have not used any business name or EINs. Business name(s) |
| 5. | Where you live | 625 Dilger Lane | If | f Debtor 2 lives at a different address: |
| | | Waukegan, IL 60085 Number, Street, City, State & ZIP Code | N | Number, Street, City, State & ZIP Code |
| | | Lake County | C | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | |
| | | P.O. Box 125 Waukegan, IL 60079 | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | N | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | c | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | | |

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Document Case number (if known) Debtor 1 **Evelyn Gonzalez** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. ☐ No. residence?

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

| | Casc 10-20100 | DOC I | 1 11CG 011231. |
|----------|-----------------|-------|----------------|
| Debtor 1 | Evelyn Gonzalez | | Document |
| | | | |

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| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | | | | | |
|---|---|--|--|--------------------------------------|---|--|--|
| | | ☐ Yes. | Name and location of business Name of business, if any | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | oer, Street, City, Sta | te & ZIP Code | | |
| | it to this petition. | | | | ox to describe your business: | | |
| | | | | | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e | | |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must | | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of rederal income tax return or if any of these documents do not exist, follow the procedure | | | | | |
| | For a definition of small | ■ No. | I am i | not filing under Char | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition Code. | | | | |
| | | ☐ Yes. | I am 1 | filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | perty that poses or is ged to pose a threat Yes. nminent and What is the hazard? | the hazard? | | | | |
| | public health or safety? Or do you own any property that needs | | | diate attention is why is it needed? | | | |
| | immediate attention? | | neeueu | wity is it fielded? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | | | |
| | - | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 **Evelyn Gonzalez** Document Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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7/25/18 12:10PM Document Page 6 of 51 Case number (if known) Debtor 1 **Evelyn Gonzalez** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Evelyn Gonzalez Signature of Debtor 2 **Evelyn Gonzalez** Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on July 25, 2018

MM / DD / YYYY

Debtor 1 **Evelyn Gonzalez**

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Case number (if known)

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David M. Siegel | Date | July 25, 2018 |
|--|---------------|----------------|
| Signature of Attorney for Debtor | _ | MM / DD / YYYY |
| David M. Siegel | | |
| Printed name | | |
| David M. Siegel & Associates Firm name | | |
| 790 Chaddick Drive | | |
| Wheeling, IL 60090 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (847) 520-8100 | Email address | |
| #06207611 IL | | |
| Bar number & State | | |

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Page 8 of 51 Document Fill in this information to identify your case: Debtor 1 **Evelyn Gonzalez** Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file

| · u | t 1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 1,650.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,650.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 10,012.00 |
| | Your total liabilities | \$ | 10,012.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 912.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,185.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a personal, | family, or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Evelyn Gonzalez

| From Port 4 on Cohodule E/E compaths followings | Total c | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Ce | 13C 10-20700 L | Documei | | 7/25/18 12:10PM |
|---------------------------------|---|---------------------------------------|--|--|
| Fill in this inforr | mation to identify your | | II Paue IV (II 3) | |
| Debtor 1 | Evelyn Gonzalez | | | |
| D 1 4 0 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | |
| Case number _ | - | | | Check if this is an amended filing |
| | | | | |
| _ | rm 106A/B | | | |
| <u>Schedul</u> | e A/B: Prop | erty | | 12/15 |
| hink it fits best. B | e as complete and accurate space is needed, attach | e as possible. If two married | ce. If an asset fits in more than one category, people are filing together, both are equally re. On the top of any additional pages, write you | sponsible for supplying correct |
| | | | You Own or Have an Interest In | |
| . Do you own or h | nave any legal or equitable | interest in any residence, bu | uilding, land, or similar property? | |
| No. Go to Par | | | | |
| ☐ Yes. Where is | s the property? | | | |
| Part 2: Describe | Your Vehicles | | | |
| | | | icles, whether they are registered or not? e G: Executory Contracts and Unexpired Le | |
| 3. Cars, vans, tr | ucks, tractors, sport uti | lity vehicles, motorcycles | S | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | al vehicles, other vehicles, and accessoriels, snowmobiles, motorcycle accessories | ies |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| - - | | | | |
| | | | tries from Part 2, including any entries fo | |
| | | | | |
| | Your Personal and House | hold Items ble interest in any of the | following items? | Current value of the |
| · | , , , | ble interest in any of the | Tollowing Items: | portion you own? Do not deduct secured claims or exemptions. |
| | oods and furnishings ajor appliances, furniture, | linens, china, kitchenware | | |
| Yes. Desc | ribe | | | |
| | Household | I Goods & Furniture | | \$300.00 |
| | | • | | |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

Yes. Describe.....

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| | TV & Electronics | \$650.00 |
|----|---|---|
| | IV & Electronics | Ψ000.00 |
| 8. | Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; state other collections, memorabilia, collectibles No | mp, coin, or baseball card collections; |
| 9. | ☐ Yes. Describe Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; musical instruments | canoes and kayaks; carpentry tools; |
| | ■ No □ Yes. Describe | |
| 10 | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No □ Yes. Describe | |
| 11 | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe | |
| | Normal Clothes | \$300.00 |
| 12 | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches No Yes. Describe | s, gems, gold, silver |
| 13 | . Non-farm animals Examples: Dogs, cats, birds, horses ■ No □ Yes. Describe | |
| 14 | Any other personal and household items you did not already list, including any health aids you did n ■ No □ Yes. Give specific information | ot list |
| 1 | 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attaction for Part 3. Write that number here | \$1,250.00 |
| P | art 4: Describe Your Financial Assets | |
| D | o you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | . Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file y No Yes | our petition |
| 17 | Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brown institutions. If you have multiple accounts with the same institution, list each. | okerage houses, and other similar |
| | □ No ■ YesInstitution name: | |

Debtor 1

8

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Case number (if known)

Document **Evelyn Gonzalez**

Debtor 1

17.1. Credit Union **Consumer's Credit Union** \$100.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. $\hfill \square$ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. \$300.00 Rental deposit **Security Deposit** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No $\hfill \square$ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured

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claims or exemptions.

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Case number (if known) Document Debtor 1 **Evelyn Gonzalez** 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$400.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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Case number (if known) Document Debtor 1 **Evelyn Gonzalez**

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$1,250.00 Part 4: Total financial assets, line 36 \$400.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61.

\$1,650.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,650.00

\$1,650.00

| | | Docume | nt Page 15 of 51 | | 7/25/18 12:10PN |
|------------------------|--------------------------|-------------------|------------------|---|---------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Evelyn Gonzalez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | Check if this is an |
| | | | | a | amended filing |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Proper | y You Claim as Exempt |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

| 1. | Which set of exemptions are | you claiming? | Check one only. | even if your s | pouse is filing | with yo | эu |
|----|-----------------------------|---------------|-----------------|----------------|-----------------|---------|----|
| | | | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Household Goods & Furniture Line from Schedule A/B: 6.1 | \$300.00 | \$300.00 | 735 ILCS 5/12-1001(b) |
| Line IIom Schedule A/B. V. I | | 100% of fair market value, up to any applicable statutory limit | |
| TV & Electronics Line from Schedule A/B: 7.1 | \$650.00 | \$650.00 | 735 ILCS 5/12-1001(b) |
| Line IIom Schedule A.B. 1.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Normal Clothes | \$300.00 | \$300.00 | 735 ILCS 5/12-1001(a) |
| Line from Genedale A/L. | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Credit Union: Consumer's Credit | \$100.00 | \$100.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Rental deposit: Security Deposit | \$300.00 | \$300.00 | 735 ILCS 5/12-1001(b) |
| LITE HOTT Scriedule A/D. ZZ. I | | 100% of fair market value, up to any applicable statutory limit | |

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3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

| Fill in this inform | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--|
| Debtor 1 | Evelyn Gonzalez | | | |
| ı | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | Cas | se 18-20786 | | iled 07/25/1 | | ed 07/25/18 12:12 | 2:19 Des | sc Main | 7/25/18 12:10PM |
|-----------------------------------|--|----------------------------------|--|--|----------------------|--|--------------------|------------------|-----------------|
| Fill in t | his informa | ation to identify you | | Document | Page 18 | 3.01.51 | | | |
| | | | | | | | | | |
| Debtor | 1 | Evelyn Gonzalez | Z Middle N | ame | Last Name | | | | |
| Debtor | 2 | | | | | | | | |
| (Spouse i | if, filing) | First Name | Middle N | ame | Last Name | | | | |
| United | States Bank | cruptcy Court for the: | NORTHERN | N DISTRICT OF I | LLINOIS | | | | |
| Cooo n | umbor | | | | | | | | |
| (if known) | | | | _ | | | П | Check if this is | s an |
| | | | | | | | a | mended filin | g |
| Offici | ol Form | 400E/E | | | | | | | |
| | al Form | <u>ਾ∪ਰ⊏/</u> F F: Creditors \ | Mha Haya | Uncopuro | d Claima | | | 12 | /15 |
| | | | | | | Part 2 for creditors with NO | NDDIODITY ala | | |
| Schedule left. Atta name an | e D: Creditor ch the Conti d case numb | s Who Have Claims Se | ecured by Proper age. If you have r | rty. If more space in the information to r | s needed, copy t | any creditors with partially he Part you need, fill it out lo not file that Part. On the | , number the en | tries in the bo | oxes on the |
| | | s have priority unsecu | | | | | | | |
| | No. Go to Par | | J | • | | | | | |
| | Yes. | | | | | | | | |
| Part 2: | List All | of Your NONPRIOR | ITY Unsecured | l Claims | | | | | |
| 3. Do | any creditors | s have nonpriority uns | ecured claims ag | gainst you? | | | | | |
| | No. You have | nothing to report in this | part. Submit this | form to the court wi | th your other sche | dules. | | | |
| . | Yes. | | | | | | | | |
| | | onnrierity uncoured | alaima in tha ala | habatiaal ardar of | the graditor who | holds each claim. If a cred | litar baa mara tha | | wide . |
| uns | ecured claim, n one creditor | list the creditor separate | ely for each claim. | . For each claim list | ed, identify what ty | ype of claim it is. Do not list of three nonpriority unsecured | claims already inc | cluded in Part | 1. If more |
| | | | | | | | | Total claim | |
| 4.1 | Advocate | Health Care | | Last 4 digits of a | ccount number | | | | \$545.00 |
| | | Creditor's Name | | When was the de | ht incurred? | | | | |
| | PO Box 4 Carol Str | 248 eam, IL 60197-424 | 18 | when was the de | ot incurred? | | | - | |
| | | eet City State Zlp Code | | As of the date yo | u file, the claim is | s: Check all that apply | | | |
| | Who incurre | ed the debt? Check one | €. | | | | | | |
| | Debtor 1 | only | | ☐ Contingent | | | | | |
| | Debtor 2 | only | | ☐ Unliquidated | | | | | |
| | | and Debtor 2 only | | Disputed | | | | | |
| | | one of the debtors and a | | Type of NONPRIO | ORITY unsecured | l claim: | | | |
| | ☐ Check if debt | this claim is for a cor | nmunity | | ning out of a com- | ration agreement or divorce | that you did not | | |
| | | subject to offset? | | report as priority c | | ration agreement of divorce | ınat you did fiot | | |
| | ■ No | | | Debts to pension | on or profit-sharing | g plans, and other similar de | bts | | |
| | ☐ Yes | | | Other. Specify | Medical | | | _ | |

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Velyn Gonzalez Debtor 1 Fyelyn Gonzalez

| 4.2 | AT&T Mobility | Last 4 digits of account number | 8351 | \$1,246,00 | |
|-----|--|--|---|------------|--|
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 1801 Valley View | When was the debt incurred? | Opened 11/16 | ψ1,240.00 | |
| | Farmers Branch, TX 75234 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collections | <u> </u> | | |
| 4.3 | Con Fin Svc Nonpriority Creditor's Name | Last 4 digits of account number | 7301 | \$1,447.00 | |
| | 300 S Greenbay Rd Waukegan, IL 60085 | Opened 11/03/17 Last Active 6/12/18 | | | |
| | Number Street City State Zlp Code | | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alatas | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other Specify Loan | | | |
| 4.4 | Integrated Imaging Consultant, LLC Nonpriority Creditor's Name | Last 4 digits of account number | | \$42.00 | |
| | 44000 Garfield Road | When was the debt incurred? | | | |
| | Clinton Township, MI 48038 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Debtor 2 only ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | □Yes | ■ Other. Specify Collections | 5 | | |

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| Debtor | 1 Evelyn Gonzalez | —————————————————————————————————————— | Case number (if know) | | |
|--------|---|---|--|----------|--|
| 4.5 | Komyatte & Casbon Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 | |
| | Attn: Collections Department 9650 Gordon Drive Highland, IN 46322 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify NOTICE ON | ILY | | |
| 4.6 | Lake County Acute Care, LLP | Last 4 digits of account number | 68N1 | \$386.00 | |
| | Nonpriority Creditor's Name PO Box 40543 | When was the debt incurred? | Opened 02/18 | | |
| | Nashville, TN 37204 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | | | | |
| | □ Debtor 2 only □ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collections | | | |
| | Lake County Health Department | | | | |
| 4.7 | and C | Last 4 digits of account number | | \$43.00 | |
| | Nonpriority Creditor's Name 3010 Grand Ave. Waukegan, IL 60085 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes ☐ Other. Specify Medical | | | | |

Case 18-20786

Debtor 1 Fyelyn Gonzalez

| 4.8 | Lake County Health Dept/CHC | Last 4 digits of account number | \$117.00 |
|----------|--|---|-------------|
| | Nonpriority Creditor's Name 415 Washington St. | When was the debt incurred? | Ψ117.00 |
| | Suite 112 | | |
| | Waukegan, IL 60085 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical | |
| 4.9 | Progressive Leasing | Last 4 digits of account number | \$1.538.00 |
| | Nonpriority Creditor's Name | | |
| | 11629 S 700 East Suite 250 | When was the debt incurred? | |
| | Draper, UT 84020 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | | |
| | ☐ Yes | Other. Specify Purchases | |
| 4.1 0 | Speedy Loan Corp. | Last 4 digits of account number | \$1,000.00 |
| | Nonpriority Creditor's Name 2850 Belvidere #A | When was the debt incurred? | |
| | Waukegan, IL 60085 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's. Oneok an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other, Specify Loan | |
| | — 100 | — Other, Specify — The second | |

Document

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| Debtor | 1 Evelyn Gonzalez | | Case number (if know) | |
|--------|--|--|--|------------|
| 4.1 | Turner Acceptance Crp Nonpriority Creditor's Name | Last 4 digits of account number | 6437 | \$1,350.00 |
| | 5900 W Howard Street Skokie, IL 60077 | When was the debt incurred? | Opened 01/18 Last Active 6/19/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Loan | | |
| 4.1 | Vireo Emergency Physicians | Last 4 digits of account number | | \$1,592.00 |
| | Nonpriority Creditor's Name 1324 N SHERIDAN RD Waukegan, IL 60085-2161 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Collections | : | |
| 4.1 | Vista Med Center Lindenhurst Emerg | Last 4 digits of account number | 0401 | \$203.00 |
| | Nonpriority Creditor's Name 1050 Red Oak Lane Lindenhurst, IL 60046 | When was the debt incurred? | Opened 01/18 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes ☐ Other. Specify Collection | | | |

Debtor 1 Evelyn Gonzalez

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| 4.1 | | | \$500.00 | | | | |
|---|---|---|---------------------------|--|--|--|--|
| Vista Medical Center East Nonpriority Creditor's Name | Last 4 digits of account number \$503.00 | | | | | | |
| Patient Financial Services 1324 N. Sheridan Road | When was the debt incurred? | When was the debt incurred? | | | | | |
| Waukegan, IL 60085-2161 Number Street City State Zlp Code | As of the date you file, the cla | im is: Check all that apply | | | | | |
| Who incurred the debt? Check one. | As of the date you me, the old | iiii is. Oneok ali tilat apply | | | | | |
| Debtor 1 only | ☐ Contingent | | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsec | ured claim: | | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a s report as priority claims | separation agreement or divorce that you did not | | | | | |
| ■ No | Debts to pension or profit-sh | aring plans, and other similar debts | | | | | |
| Yes | ■ Other. Specify Collection | ons | | | | | |
| | | | | | | | |
| Part 3: List Others to Be Notified About a De | • | at you already listed in Barte 1 or 2. For examp | lo if a collection agency | | | | |
| i. Use this page only if you have others to be notified is trying to collect from you for a debt you owe to so have more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out of | omeone else, list the original credito at you listed in Parts 1 or 2, list the a | or in Parts 1 or 2, then list the collection agency | here. Similarly, if you | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | · | | | | | |
| Afni, Inc. Po Box 3097 | Line 4.2 of (Check one): | Part 1: Creditors with Priority Unsecured Clai | | | | | |
| Bloomington, IL 61702 | | ■ Part 2: Creditors with Nonpriority Unsecured 0 | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | | | |
| ARC Management 1825 Barrett Lakes Blvd | Line 4.6 of (Check one): | ne 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Clai ☐ Part 2: Creditors with Nonpriority Unsecured | | | | | |
| Suite 505 | | | | | | | |
| Kennesaw, GA 30144 | | | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | · | | | | | |
| Commonwealth Financial 245 Main St | Line 4.6 of (Check one): | Part 1: Creditors with Priority Unsecured Clai | | | | | |
| Dickson City, PA 18519 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| •• | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | | | | | | |
| IC Systems 444 Highway 96 East | Line 4.4 of (Check one): | Part 1: Creditors with Priority Unsecured Clai | | | | | |
| Saint Paul, MN 55164 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| · | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | | | |
| Phoenix Financial Service | Line 4.12 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Clai | ms | | | | |
| 8902 Otis Ave Suite 103A | | ■ Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| Indianapolis, IN 46216 | | | | | | | |
| • , | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | | | |
| Professional Account Management, | Line 4.14 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Clai | | | | | |
| In PO Box 391 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |
| Milwaukee, WI 53201-0391 | | | | | | | |
| | Last 4 digits of account number | | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did | you list the original creditor? | | | | | |
| Wakefield & Associates | Line 4.13 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Clai | ms | | | | |
| 7005 Middlebrook Pike | | ■ Part 2: Creditors with Nonpriority Unsecured | Claims | | | | |

Debtor 1 Evelyn Gonzalez

Knoxville, TN 37909

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | ۰, | | • | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 10,012.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 10,012.00 |

| | | Docume | nt Page 25 of 51 | | |
|---|-------------------------|-------------------|------------------|---------|----------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Evelyn Gonzalez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | cif this is an |
| | | | | 00000 | dad filiaa |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Chauteu Royale 625 Dilger Lane Waukegan, IL 60085 | Month to Month Expires 4/2019 |

| | Case 10-20700 | Docume | | orizorio iz.iz.is nf 51 | 7/25/18 12:10Pf |
|--------------------------------|--|-------------------------------|---------------------------|---|--|
| Fill in this | information to identify your | | | // . / / | |
| Debtor 1 | Evelyn Gonzalez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| | ites Bankruptcy Court for the: | NORTHERN DISTRICT | | | |
| 004 0 | noo Daniin aproy Count for the | | | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| | | labtana | | | |
| Scheo | lule H: Your Cod | eptors | | | 12/15 |
| 1. Do ■ No | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ☐ Yes | 5 | | | | |
| 0 14/14 | him the leat O weeks however | | | | to a conditional to all the |
| | hin the last 8 years, have yona, California, Idaho, Louisiana | | | | tes and territories include |
| | Go to line 3. s. Did your spouse, former spo | use or legal equivalent live | with you at the time? | | |
| ப 163 | s. Dia your spouse, former spo | use, or legal equivalent live | e with you at the time: | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed the cr | h you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The credito Check all schedules tha | r to whom you owe the debt at apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | Number Street | | | | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify you | r casa. | | | | 1 | | | | |
|--------------------|---|---|--|-------------------|----------------|---------------------------|-------------------|---------------------------|-------------------------------------|-----------|
| | otor 1 Evelyn Go | | | | | | | | | |
| | otor 2 buse, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for t | he: NORTHERN DISTRI | CT OF ILLINOIS | | | | | | | |
| | se number nown) | | - | | | ☐ An | | ent showing | postpetition chap | pter |
| 0 | fficial Form 106I | | | | | M | M / DD/ Y | YYY | | |
| S | chedule I: Your In | come | | | | | | | | 12/1 |
| sup spo atta | as complete and accurate as popularing correct information. If you are separated and you a separate sheet to this formation. Describe Employment | ou are married and not fili our spouse is not filing w n. On the top of any addit | ing jointly, and your s rith you, do not includ | pouse le infor | is liv mati | ring with y on about y | ou, incluyour spo | ude inform ouse. If mo | ation about you re space is need | r led, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fili | ing spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Emplo | - | | |
| | information about additional employers. | Occupation | ☐ Not employed | | | | □ Not er | mpioyea | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | CNA Freedom Home | Care | | | | | | |
| | Occupation may include studer or homemaker, if it applies. | t Employer's address | Greenbay Road Highland Park, I | L 6003 | 5 | | | | | |
| | | How long employed t | there? 5 years | | | | _ | | | - |
| Par | t 2: Give Details About M | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to re | port for | any | line, write | \$0 in the | space. Incl | ude your non-filin | ıg |
| lf yo | u or your non-filing spouse have e space, attach a separate sheet | | ombine the information | for all | empl | oyers for th | nat perso | n on the lin | es below. If you r | need |
| | | | | | | For Debt | tor 1 | For Deb | tor 2 or ng spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 1,0 | 083.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | ertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |

Calculate gross Income. Add line 2 + line 3.

0.00

1,083.00

\$

N/A

N/A

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| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Family support positions 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 5c. Social Security and from operating a business, NuA 5c. Family support payrents that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 5c. Social Security 5c. So | Deb | tor 1 | Evelyn Gonzalez | - | Case r | number (if known) | | | |
|--|-----|-------------------|--|---------|----------|-------------------|-------|----------|--------|
| Se. I stall payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Notice of retirement fund loans 5c. Notice of retirement fund loans 5c. Insurance 5c. Insurance 5c. Domestic support obligations 5d. Required repayments of retirement fund loans 5d. Notice deductions. Specify: 5d. Notice deductions. Specify: 5d. Notice deductions. Specify: 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6d. Specificary received: 8d. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, and the total monthly net income. 8a. \$ 0.000 \$ N/A 8b. Increase and dividends 8c. Family support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8d. Other government assistance that you regularly receive include admonty, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8d. Other government assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefit | | | | | For | Debtor 1 | | | |
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions plans 5c. Voluntary contributions for plans 5c. Voluntary contributions for plans 5c. Voluntary contributions to the expenses that you receive settlement. 5c. Voluntary contributions for man unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 5c. Voluntary contributions for man unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 5c. Voluntary coluntary colu | | Con | v line 4 here | 4 | \$ | 1 083 00 | | | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for expectations 5c. Insurance 5c. Social Security 5c. Social | | | | ٠. | Ψ | 1,000.00 | Ψ | NA | |
| 5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. Not Required repayments of retirement fund loans 5.9. Insurance 5.0. Sound 5 N/A 5.9. Union dues 5.0. Domestic support obligations 5.0. Voluntary contributions 5.0 N/A 5.0. Union dues 5.0. Union dues 5.0. Union dues 5.0. Voluntary contributions Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 171.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 171.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 171.00 \$ N/A 6. List all other income regularly receives 6. List all other income regularly receives 6. List all other income regularly receives 7. S 912.00 \$ N/A 8. Not income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. \$ 0.00 \$ N/A 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive include allinony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 8. Unemployment compensation 8. Social Security 8. Other government assistance that you regularly receive include cash assistance that you receive, such seriod include cash assistance and the value (if known) of any non-cash assistance that you receive. Such selection as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specially receive include cash assistance and the value (if known) of any non-cash assistance that you receive. Such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specially receive include cash assistance and the value (if known) of any non-cash assistance that you receive. Such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specially 10 N/A 9. Add all other income. Add line 7 + line 9. N/A 10. Calculate monthly income. Add line | 5. | | | _ | | | | | |
| 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Roquired repayments of retirement fund loans 5d. Roquired repayments of retirement fund loans 5f. Domestic support obligations 5f. Domestic support support support support suppor | | | • | | · · — | | | | |
| 5d. Required repayments of retirement fund loans 5e. Insurance 5e. S. 0.000 \$ N/A 5e. Domestic support obligations 5f. \$ 0.000 \$ N/A 5g. Union dues 5f. \$ 0.000 \$ N/A 5g. \$ 0.000 \$ N/A 5g. Union dues 5f. \$ 0.000 \$ N/A 5g. Vision from rental property and from operating a business, profession, or farm 5f. A Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 5g. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 5g. \$ 0.000 \$ N/A 5g. Social Security 5g. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance include cash assistance and the value (if known) of any non-cash assistance include cash assistance and the value (if known) of any non-cash assistance head to substance Program) or housing subsidies. 5g. \$ 0.000 \$ N/A 5g. Pension or retirement income 5g. \$ 0.000 \$ N/A 5g. Pension or retirement income 5g. \$ 0.000 \$ N/A 5g. \$ 0.000 | | | | | · · — | | · · — | | |
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| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 1711,00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 912.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8l. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N/A 9h. Other government assistance that your regularly receive include cash assistance program or housing subsidies. 8g. \$ 0.00 \$ N/A 8h. \$ 0 | | | | | · · — | | · · — | | |
| Sh. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5 | | | •• | | | | · — | | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 171.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 912.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8b. \$ 0.00 \$ N/A 8c. \$ 0.00 \$ N/A 8d. \$ 0.00 \$ N/A | | - | | - | - 1 | | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 912.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and broiness showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 \$ N/A 8b. Interest and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (herefits under the Supplemential Nutrition Assistance Program) or housing subsidies. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.000 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | 6 | | | _ | · — | | · : — | | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8h. Other monthly income. Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year | | | | | · — | | · — | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | • | – | 312.00 | *— | 19/5 | |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | | | | | | | | | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | | | | | \$ | 0.00 | \$ | N/A | |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 912.00 + \$ N/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8c. | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | \$ | 0.00 | \$ | N/A | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 84 | | | · — | | · · — | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. 12. Combined monthly income. No. | | | | | · — | | · · — | | |
| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 + \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | | \$ | | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | | 912 00 + \$ | | N/A = \$ | 912 00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income No. | | | | | | | | - Tank | 0.2.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 912.00 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Incluothe Do r | ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depen | , | • | • | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certai | | | | | | 912.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | |
| | 13. | Do y ■ | • | ? | | | | , | |
| | | | Yes. Explain: | | | | | | |

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| Fill in | this information to identify | our case: | | | | | |
|-----------------|--|--------------------------|---|--|---------------------------|---|---|
| Debto | Evelyn Gor | zalez | | _ | | ck if this is: | |
| Debto (Spou | r 2 se, if filing) | | | | _ | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| United | States Bankruptcy Court for th | e: NORT | HERN DISTRICT OF ILLIN | OIS | - | MM / DD / YYYY | |
| Case (If kno | number wn) | | | | | | |
| Off | icial Form 106J | | | | | | |
| Sc | hedule J: Your | Expe | nses | | | | 12/15 |
| Be as | s complete and accurate a | s possible eeded, att | e. If two married people ar ach another sheet to this | e filing together, bo form. On the top of | th are equ any additio | ally responsible fo onal pages, write y | or supplying correct your name and case |
| Part 1 | | ehold | | | | | |
| | Is this a joint case? | | | | | | |
| | No. Go to line 2. | _ | | | | | |
| | Yes. Does Debtor 2 live | in a sepa | rate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 m | ust file Offic | cial Form 106J-2, <i>Expenses</i> | for Separate Housel | nold of Deb | tor 2. | |
| 2. | Do you have dependents? | ■ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | □ No |
| (| dependents names. | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| _ | | | | | | | ☐ Yes |
| | Do your expenses include expenses of people other yourself and your depend | than 📮 | No Yes | | | | |
| Part 2 | 2: Estimate Your Ongo | ina Month | nly Expenses | | | | |
| Estin expe | nate your expenses as of | our bank | ruptcy filing date unless y cy is filed. If this is a supp | | | | |
| Inclu | de expenses paid for with | non-cash | government assistance i | f vou know | | | |
| the v | alue of such assistance a | | cluded it on Schedule I: | | | Your exp | onoo |
| (Offic | cial Form 106l.) | | | | | four exp | enses |
| | The rental or home owner payments and any rent for t | | nses for your residence. I or lot. | nclude first mortgage | 4. \$ | . | 780.00 |
| I | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | | | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowne | s, or rente | r's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, | | | | 4c. \$ | · · · · · · · · · · · · · · · · · · · | 0.00 |

4d. \$

0.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

| Deb | otor 1 | Evelyn G | Gonzalez | Case num | ber (if known) | |
|-----|--------|--------------|--|--------------------------|----------------|-----------------------------|
| 6. | Utilit | ies: | | | | |
| 0. | 6a. | | heat, natural gas | 6a. | \$ | 35.00 |
| | 6b. | • | wer, garbage collection | 6b. | · · | 0.00 |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 40.00 |
| | 6d. | Other. Spe | • | 6d. | · | 0.00 |
| 7. | | | ekeeping supplies | 7. | · - | 200.00 |
| 8. | | | children's education costs | 8. | \$ | 0.00 |
| 9. | | | ry, and dry cleaning | 9. | \$ | 15.00 |
| | | - | products and services | 10. | · - | 15.00 |
| 11. | | | ntal expenses | 11. | · | 0.00 |
| 12. | | | Include gas, maintenance, bus or train fare. | | | |
| | | | ar payments. | 12. | \$ | 100.00 |
| 13. | Ente | rtainment, | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Char | itable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | rance. | | | | |
| | | | surance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insura | nce | 15a. | · <u> </u> | 0.00 |
| | 15b. | Health ins | urance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle in: | surance | 15c. | \$ | 0.00 |
| | 15d. | Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe | s. Do not in | clude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Spec | • | | 16. | \$ | 0.00 |
| 17. | | | ease payments: | | _ | |
| | | | ents for Vehicle 1 | 17a. | · - | 0.00 |
| | | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Spe | | 17c. | · | 0.00 |
| | | Other. Spe | · | 17d. | \$ | 0.00 |
| 18. | | | of alimony, maintenance, and support that you did not report as | | ¢ | 0.00 |
| 10 | | | your pay on line 5, Schedule I, Your Income (Official Form 106I). s you make to support others who do not live with you. | 10. | \$ | |
| 19. | | | s you make to support others who do not live with you. | 10 | Φ | 0.00 |
| 20 | Spec | · | erty expenses not included in lines 4 or 5 of this form or on Scho | 19. | our Incomo | |
| 20. | | | s on other property | 20a. | | 0.00 |
| | | Real estat | | 20b. | · | 0.00 |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | er's association or condominium dues | 20a. | | 0.00 |
| 24 | | | ers association of condominatin dues | 20 0 . 21. | | |
| ۷١. | Otne | er: Specify: | | | +\$ | 0.00 |
| 22. | Calc | ulate your | monthly expenses | | | |
| | 22a. | Add lines 4 | through 21. | | \$ | 1,185.00 |
| | 22b. | Copy line 2: | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , |
| | | | a and 22b. The result is your monthly expenses. | | \$ | 1,185.00 |
| | | | | | | 1,100.00 |
| 23. | | - | monthly net income. | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | | 912.00 |
| | 23b. | Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 1,185.00 |
| | | | | | | |
| | 23c. | | our monthly expenses from your monthly income. | 220 | \$ | -273.00 |
| | | i ne result | is your monthly net income. | 23c. | * | 2.0.00 |
| 24 | Do 1/4 | OII expect : | an increase or decrease in your expenses within the year after yo | ou file this | form? | |
| ∠→. | | | ou expect to finish paying for your car loan within the year or do you expect you | | | se or decrease because of a |
| | | | terms of your mortgage? | 3-3-1 | | |
| | ■ No | 0. | | | | |
| | □Y€ | | Explain here: | | | |

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| Fill in this info | ormation to identify your | case: | | | |
|---------------------------------|---|-------------------------|-------------------------------|------------------------------|--|
| Debtor 1 | Evelyn Gonzalez | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | rm 106Dec Ition About a | n Individua | ıl Debtor's Sch | nedules | 12/15 |
| years, or both. | ey or property by fraud if 18 U.S.C. §§ 152, 1341, 1 | | nkruptcy case can result in | tines up to \$250,000, or ii | mprisonment for up to 20 |
| | | | | | |
| Did you p | pay or agree to pay some | one who is NOT an att | orney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | Petition Preparer's Notice, Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the su | mmary and schedules filed | with this declaration and | |
| X /s/Ev | elyn Gonzalez | | X | | |
| Evely | n Gonzalez ture of Debtor 1 | | Signature of D | Pebtor 2 | |
| Date | July 25, 2018 | | Date | | |

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| Fill in this infor | mation to identify you | r case: | | | |
|---------------------------------|---------------------------|---|-------------------------------------|--|---------------------------------|
| Debtor 1 | Evelyn Gonzale | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | _ | Check if this is an |
| | | | | a | mended filing |
| Official Fo | orm 107 | | | | |
| - | | Affairs for Individ | duals Filing for B | ankruptcy | 4/1 |
| | | | | equally responsible for sup | |
| information. If n | | , attach a separate sheet to | | y additional pages, write you | |
| | , , , , , , | arital Status and Where You | Lived Refore | | |
| | ur current marital statu | | Liveu Deloie | | |
| _ | | | | | |
| ☐ Married ■ Not ma | | | | | |
| | | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than t | where you live now? | | |
| ■ No | | | | | |
| ☐ Yes. Li | st all of the places you | lived in the last 3 years. Do no | ot include where you live nov | 1. | |
| Debtor 1 P | rior Address: | Dates Debtor 1 | Debtor 2 Prior Ac | dress: | Dates Debtor 2 |
| | | lived there | | | lived there |
| | | | | ity property state or territory ico, Texas, Washington and W | |
| _ | rio moiado rinzona, oc | amorria, radrio, Louisiaria, res | rada, rrow moxico, r dono re | iso, roxas, rrasimigisir ana r | 11000110111.) |
| ■ No | aka aura yau fill aut Ca | hadula II. Vaux Cadabtara (Of | ficial Form 106LI) | | |
| | ake sure you iiii out Sci | hedule H: Your Codebtors (Of | iiciai Foim 100m). | | |
| Part 2 Expla | in the Sources of You | ır Income | | | |
| 4. Did you hav | ve any income from er | mployment or from operatin | g a business during this ye | ear or the two previous cale | ndar years? |
| | | ou received from all jobs and a have income that you receive | | | - |
| _ | g, , | ,, | | | |
| □ No | 91 Co. (In a. alaya 91- | | | | |
| Yes. Fi | III in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions |
| | | Sook all that apply. | exclusions) | chook an that apply. | and exclusions) |
| | of current year until | ■ Wages, commissions, | \$10,906.00 | ☐ Wages, commissions, | |
| the date you file | ed for bankruptcy: | bonuses, tips | | bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Page 33 of 51 Case number (if known) Document Debtor 1 **Evelyn Gonzalez** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$8,332.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$0.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address Amount you Was this payment for ... Dates of payment **Total amount** still owe paid

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Debtor 1 ase number (*if known*) **Evelyn Gonzalez** Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift.

Official Form 107

per person

Address:

Describe the gifts

Value

Dates you gave the gifts

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

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Page 35 of 51 Case number (if known) Document Debtor 1 Evelyn Gonzalez 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You David M. Siegel & Associates 7/7/18 -\$450.00 **Attorney Fees** 790 Chaddick Drive 7/23/18 Wheeling, IL 60090 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.

Address

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Person Who Received Transfer

Person's relationship to you

Date transfer was

made

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Debtor 1 **Evelyn Gonzalez**

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | |
|-----|--|--|---|------------------|--------------|--|---------------------------------|-------|
| | Na | me of trust | Description and v | alue of the pro | operty trans | sferred | Date Transfer made | r was |
| Par | t 8: | List of Certain Financial Accounts, Ins | truments, Safe Deposit | Boxes, and S | Storage Unit | s | | |
| 20. | solo Incl | hin 1 year before you filed for bankruptcy d, moved, or transferred? lude checking, savings, money market, or uses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accour | nts; certificate | s of deposi | | • | |
| | - Na | me of Financial Institution and Idress (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last bal before closi tra | |
| 21. | | you now have, or did you have within 1 yoh, or other valuables? | ear before you filed for | bankruptcy, a | any safe dep | oosit box or other depos | sitory for securit | ties, |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of Financial Institution Idress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? | I |
| 22. | Hav | ve you stored property in a storage unit o | r place other than your | home within | 1 year befor | re you filed for bankrupt | cy? | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of Storage Facility Idress (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? | I |
| Par | t 9: | Identify Property You Hold or Control f | for Someone Else | | | | | |
| 23. | | you hold or control any property that son someone. No Yes. Fill in the details. | neone else owns? Inclu | ide any prope | rty you borı | rowed from, are storing | for, or hold in tr | rust |
| | | vner's Name Idress (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, St Code) | | Describe | the property | ` | Value |
| _ | _ | Ohra Batalla Abaut Euripanan antal lafa | | | | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 **Evelyn Gonzalez**

| 24. | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
|-----|--|--|-------------------------------------|--------------------|--|--|--|
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of an | ny release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admin | nistrative proceeding under any enviro | onmental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Co | onnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have any | of the following connections to any | business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | □ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | | | | | | | |
| | No. None of the above applies. Go to Part 12.Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | | Describe the nature of the business. | Employer Identification number | | | | |
| | Address | | Do not include Social Security r | | | | |
| | Number, Street, City, State and Zir Code) | lame of accountant or bookkeeper | Dates business existed | | | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | , did you give a financial statement to | anyone about your business? Inclu | de all financial | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | |

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Case number (if known)

Debtor 1 **Evelyn Gonzalez** Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Evelyn Gonzalez Signature of Debtor 2 **Evelyn Gonzalez** Signature of Debtor 1 Date July 25, 2018 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this infor | mation to identify your | case: | | |
|---------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1 | Evelyn Gonzalez | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Document | Page 4 | 0 of 5 |
|----------|--------|--------|
|----------|--------|--------|

| Debtor 1 | Evelyn G | onzalez | Case number (| if known) |
|----------------------|-------------------------------|---|--|--|
| name | : | | ☐ Retain the property and redeem it. | ☐ Yes |
| Descr | iption of | | Retain the property and enter into a Reaffirmation Agreement. | |
| prope | • | | ☐ Retain the property and [explain]: | |
| securi | ing debt: | | | |
| Part 2: | | nexpired Personal Property Leas | | (00) (1) |
| n the inf | ormation belo | ow. Do not list real estate leases | ted in Schedule G: Executory Contracts and Ur . Unexpired leases are leases that are still in eff e if the trustee does not assume it. 11 U.S.C. § 3 | ect; the lease period has not yet ended. |
| Describ | e your unexp | ired personal property leases | | Will the lease be assumed? |
| Lessor's | name: | Chauteu Royale | | □ No |
| | | | | ■ Yes |
| Descript Property | ion of leased | Month to Month Expires 4/2019 | | |
| Part 3: | Sign Below | | | |
| | | ury, I declare that I have indicated to an unexpired lease. | d my intention about any property of my estate | that secures a debt and any personal |
| χ /s/ | Evelyn Gon | zalez | X | |
| | elyn Gonzal nature of Debt | | Signature of Debtor 2 | |
| Dat | te July 2 | 5, 2018 | Date | |

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-20786 Doc 1 Filed 07/25/18 Entered 07/25/18 12:12:19 Desc Main Document Page 45 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | e Evelyn Gonza | alez | | Case No. | |
|-------|---|--|--|--|-------------------------------------|
| | | | Debtor(s) | Chapter | 7 |
| | DIS | SCLOSURE OF CO | MPENSATION OF ATTOR | RNEY FOR DE | EBTOR(S) |
| | compensation paid t | to me within one year before | P. 2016(b), I certify that I am the attorne the filing of the petition in bankruptcy, plation of or in connection with the bank | or agreed to be paid | to me, for services rendered or to |
| | | | | | 1,350.00 |
| | | | eceived | | 450.00 |
| | Balance Due | | | \$ | 900.00 |
| 2. | The source of the co | ompensation paid to me was: | | | |
| | Debtor | ☐ Other (specify): | | | |
| 3. | The source of comp | pensation to be paid to me is: | | | |
| | Debtor | ☐ Other (specify): | | | |
| 4. | ■ I have not agree | ed to share the above-disclose | ed compensation with any other person u | unless they are mem | bers and associates of my law firm. |
| | | | ompensation with a person or persons w f the names of the people sharing in the | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | b. Preparation and c. Representation of d. [Other provision Negotiation agreement | filing of any petition, schedul of the debtor at the meeting of as as needed] ions with secured credito | nd rendering advice to the debtor in determines, statement of affairs and plan which if creditors and confirmation hearing, and present to reduce to market value; exemple exemple exemple exemple for the properties of the properties of the properties of the debtor in determine the properties of the p | may be required; and any adjourned hea emption planning; | rings thereof; |
| 6. | Represer | | losed fee does not include the following any dischargeability actions, judio oceeding. | | es (except in Chapter 13 |
| | | | CERTIFICATION | | |
| | I certify that the forebankruptcy proceedings | | nt of any agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| J | July 25, 2018 | | /s/ David M. Siege | e l | |
| | Date | | David M. Siegel | | |
| | | | Signature of Attorney David M. Siegel & | | |
| | | | 790 Chaddick Driv Wheeling, IL 6009 | ve | |

(847) 520-8100 Name of law firm

Chapter 7 Bankruptcy Retainer As reement

This Agreement acknowledges that the undersigned individual s(s)[Client(s)] hereby retains and employs the Law Firm of David M. Siegel & Associates, LLC [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney Fees, which may be divided into two partions, as follows:

- a) A FLAT FEE as specified in paragraph (i) will be required to complete both portions of bankruptcy representation. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation pursuant to Portion One shall begin upon execution of this Agreement. Once Client has paid at least \$400.00, has authorized an automatic payment plan arrangement and has completed all pre-bankruptcy filing requirements, the case is eligible for filing. Portion One fees include preparation, review, revision if necessary, communication with Client and all other work done prior to case filing. Portion One representation shall conclude immediately once the case is filed.
- c) Representation pursuant to Portion Two shall begin immediately after the case is filed. A separate Post-Petition Retainer Agreement shall be prepared a id executed as soon as practicable after the case is filed. Portion Two fees include representation and appearance at the meeting of creditors, 2004 examination, if necessary, communication with the bankruptcy and United States' trustees, communication with creditors, review and completion of reaffirmation agreement(s) and court appearances. Portion Two representation shall conclude upon discharge or case closing. If the Client pays the entire fee before the case is filed, the attorney's representation will continue as stated above with no need for a Post-Petition Retainer Agreement.
- d) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter into an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- e) Additional Fees in Portion Two of the representation may include: \$250.00 for missed 341 meeting; \$100.00 to amend Schedules D, E and F to include a address who were not originally provided by Client; \$25.00 for any non-sufficient /returned chacks; and \$820.00 to reopen a case and file the second credit counseling certificate if the Client fi ils to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- f) In the event that a Client pays the flat fee in full and later elects to not proceed, the Client is entitled to a refund of the court costs and filing fees only.
- g) **Debts that are discharged**. The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different

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Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debt owed when the bankruptcy case was converted.)

h) Debts that are not discharged. Some of the common types of debts which are not discharged in a Chapter 7 case are: debts for most taxes; debts that are in the nature of alimony, maintenance or support; debts for student loans, debts for fines, penalties, forfeitures or criminal restitution obligations; debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated; some debts that are not properly listed by the Client; debts that the bankruptcy court specifically determines to be non-dischargeable; and debts for which the Client has given up the discharge protection by signing a reaffirmation agreement.

i) The FLAT FEE for representation will be \$ 1,350.00

Client acknowledges that he or she has read this Agreement in its entirety, understands it fully, had had an opportunity to ask questions regarding this Agreement, is satisfied with it, and accepts it in its entirety.

Date: 7/20/18

Signed:

Print: Evelyn Gonzales

Date:____

Signed:

Print:

Date: 7/20/18

Signed:

Attorney for David-M. Siegel & Associates, LLC

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United States Bankruptcy Court Northern District of Illinois

| In re | Evelyn Gonzalez | Debtor(s) | Case No. Chapter 7 | |
|-------|---|---|----------------------------|----------------|
| | VER | RIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 21 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of creditor | ors is true and correct to | the best of my |
| Date: | July 25, 2018 | /s/ Evelyn Gonzalez Evelyn Gonzalez Signature of Debtor | | |

Advocate Health Care PO Box 4248 Carol Stream, IL 60197-4248

Afni, Inc. Po Box 3097 Bloomington, IL 61702

ARC Management 1825 Barrett Lakes Blvd Suite 505 Kennesaw, GA 30144

AT&T Mobility Attn: Bankruptcy Department 1801 Valley View Farmers Branch, TX 75234

Commonwealth Financial 245 Main St Dickson City, PA 18519

Con Fin Svc 300 S Greenbay Rd Waukegan, IL 60085

IC Systems
444 Highway 96 East
Saint Paul, MN 55164

Integrated Imaging Consultant, LLC 44000 Garfield Road Clinton Township, MI 48038

Komyatte & Casbon Attn: Collections Department 9650 Gordon Drive Highland, IN 46322

Lake County Acute Care, LLP PO Box 40543 Nashville, TN 37204

Lake County Health Department and C 3010 Grand Ave. Waukegan, IL 60085

Lake County Health Dept/CHC 415 Washington St. Suite 112 Waukegan, IL 60085

Phoenix Financial Service 8902 Otis Ave Suite 103A Indianapolis, IN 46216

Professional Account Management, In PO Box 391 Milwaukee, WI 53201-0391

Progressive Leasing 11629 S 700 East Suite 250 Draper, UT 84020

Speedy Loan Corp. 2850 Belvidere #A Waukegan, IL 60085

Turner Acceptance Crp 5900 W Howard Street Skokie, IL 60077

Vireo Emergency Physicians 1324 N SHERIDAN RD Waukegan, IL 60085-2161

Vista Med Center Lindenhurst Emerg 1050 Red Oak Lane Lindenhurst, IL 60046

Vista Medical Center East Patient Financial Services 1324 N. Sheridan Road Waukegan, IL 60085-2161 Wakefield & Associates 7005 Middlebrook Pike Knoxville, TN 37909